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## APPLICANTS

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Chris Kalmus, LaGrange, IL;\*\* CONTINUING DATA \*\*\*\*\* *yes*

This application is a CIP of 09/766,000 01/18/2001 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 120	INDEPENDENT CLAIMS 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>EE</i>	Verified and Acknowledged	Examiner's Signature	Initials	

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## TITLE

Acoustic wave touch actuated switch

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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